Alteration of HIPAA Research Authorization

Complete this page to request an alteration of HIPAA authorization to access, use, or disclose Protected Health Information (PHI) for the proposed research. An alteration of HIPAA authorization allows a change in certain authorization requirements, while still requiring authorization for the use of PHI. Examples include making an exception to the required language in an authorization form or eliminating the requirement to obtain a signed authorization (e.g., authorization provided over the phone).

List the source(s) of PHI applicable to the alteration (e.g., OSUWMC Information Warehouse, eResults, physician’s office records, clinical database, etc.). Be as specific as possible.

Describe the PHI that will be accessed (viewed) for the research under the alteration (e.g., medical record number, health history, diagnosis, test results, etc.).

Describe information that will be recorded. Be as specific as possible. Spell out all abbreviations.

Select all study team members who will access medical information: [choose from study team members]

Protected Health Information obtained as part of this research will not be reused or disclosed to any other person or entity other than those listed (except as required by law for authorized oversight of the research project) without additional approval. IRB/Privacy Board approval will be obtained for other research involving the use or disclosure of this PHI. All disclosures or releases of identifiable information granted under this waiver will be accounted for and documented. Only the minimum necessary Protected Health Information to meet the research objectives and to limit access to this information will be collected.

Provide a copy of the data collection/screening form(s) used (e.g., screening log, Excel spreadsheet, etc.) to record the information above. [document upload box]

Explain why access to and/or use of the PHI is essential to conduct the research.

Explain how the PHI described above represents the minimum necessary information to accomplish the objectives of the research.

Explain how the access, use, or disclosure of PHI presents no more than a minimal risk to the privacy of the individual.

Describe your plan to protect identifiers and associated PHI (or links to identifiable data) from improper use or disclosure, including where PHI will be stored (include both building/room number and/or specific server information), what security measures will be applied, and who will have access to the information. Describe the safeguards used for electronic records, hard copy records, or both, as applicable.

Will identifiers (or links to identifiable data) be destroyed?
- Yes
- No
- N/A Will not record identifiers or create links or codes to connect data
If Yes, Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research. Include when and how identifiers will be destroyed.

If No, Provide the legal, health, or research justification for retaining the identifiers. Legal justification should include a brief description/citation of the legal requirement.

Explain why an alteration (instead of written authorization) is needed to conduct the research (e.g., no longer in regular contact with individuals, scientific validity, etc.).